JUN 2 3 2005 2

AG 1771/8

<u> </u>								
A TRADEMANTIMEN	NDMENT T			TTER	Docket No. 0445-0313P			
Applicatio		Filing I		Examiner E. M. Cole	Art Unit			
09/996,946-Cor	nf. #003991	November	30, 2001	1771				
Applicant(s): Tae	ko HAYASE et	al.						
Invention: CLEAN	IING SHEET							
MS Amendment Commissioner for I P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450	ndment in the	above-identif	ied application.				
The fee has been				• •				
			S AS AMEN	DED				
	Claims Remaining After Amendment	Highest Number Previousiy Paid	Number Extra Claims Present	Rate				
Total Claims	30	- 28 =	2	x 50	100			
Independent Claims	2	- 3 =		x				
Multiple Depend	Multiple Dependent Claims (check if applicable)							
Other fee (pleas	e specify): E	xtension for res	ponse within fi	rst month	120.00			
TOTAL ADDIT	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 220.00							
x Large Entity		•	<u> </u>	Small Entity				
	Il fee is require	d for this amer	ndment.					
	ge Deposit Acc			n the amount of \$ _	·			
X A check in the	ne amount of \$	220.00	to cover	the filing fee is encl	osed.			
Payment by	credit card. Fo	orm PTO-2038	is attached.					
	is hereby auth I below. A dup			Deposit Account No enclosed.	02-2448			
	ny overpaymer							
x Charge	ny additional fili	ng or applicatio	n processing	fees required under 3	7 CFR 1.16 and 1.17.			
John W. Balley	NS-	$\rightarrow$		Dated:	June 23, 2005			
Attorney Reg. N	lo.: 32,881							
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Rd irginia 22040-		_P					

PTO/SB/17 (12-04v2)

Complete if Known	Under the Paperwork Reduction Act of 1995, no person are required to	U.S. Patent and Trade	proved for use through 7/31/2006. OMB 0651-0032 mark Office; U.S. DEPARTMENT OF COMMERCE ation unless it displays a valid OMB control number.						
PROPERTY   PROPOSITION   PROPERTY   PROPER	C & THAVE								
First Named Inventor		Application Number	09/996,946-Conf. #003991						
First Named Inventor	FEE TRANSMITTAL	Filing Date	November 30, 2001						
Application Type Fee (s) Fee (	· · · · · · · · · · · · · · · ·	First Named Inventor	Taeko HAYASE						
METHOD OF PAYMENT (6s) 220.00   Attorney/Docket No.   0445-0313P	FOR FT 2005	Examiner Name	E. M. Cole						
METHOD OF PAYMENT (check all that apphy)   X   Check   Credit Card   Money Order   None   Other (please identify):     Deposit Account   Deposit Account Number   O2-2448   Deposit Account Name:   Birch, Stewart, Kolasch & Birch, LLP									
Check   Credit Card   Money Order   None   Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 220.00 Attorney Docket No. 0445-0313P								
Deposit Account Deposit Account Number: Q2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (es(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES Small Entity Fee (5)	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee   Charge	X Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments   X   Credit any overpayment   X   Credit any overpayments   X   Credit	Deposit Account Deposit Account Number: 02-2448 Deposit A	count Name: Birch, S	tewart, Kolasch & Birch, LLP						
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the above-identified deposit account, the Director	s hereby authorized to: (che	eck all that apply)						
FEE CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES     Fee (\$)   Fee (\$	Charge fee(s) indicated below	Charge fee(s) in	ndicated below, except for the filing fee						
FEE CALCULATION	Charge any additional fee(s) or underpayment o	x Credit any over	payments						
Picking Fee   Samal Entity		<u> </u>							
Small Entity	1. BASIC FILING, SEARCH, AND EXAMINATION FEES	- · · · · · · · · · · · · · · · · · · ·							
Application Type									
Utility									
Plant									
Plant	Design 200 100 100	50 130	65						
Provisional   200   100   0   0   0   0   0   0   0	5		80						
Provisional   200   100   0   0   0   0   0   0   0	Reissue 300 150 500	250 600	300						
2. EXCESS CLAIM FEES  Fee (\$) Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Annual Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Pee Paid (\$)  Pe		· -							
Fee (\$) Fee (\$)  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Indep, Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep, Claims  Indep, Claims  Indep, Claims  Extra Claims  Indep,									
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Sex tra Claims  Bestra Claims  Extra Claims  Claims  Extra Cla	Fee Description								
Multiple dependent claims  Total Claims  Extra Claims  See (\$)  Fee Paid (\$)  Multiple Dependent Claims  100  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee Paid (\$)  Indep. Claims  Extra Claims  2	Each claim over 20 (including Reissues)		50 25						
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  30 -20 = 2 x 50 = 100 Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2 -3 = x = 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late Affine surcharge): 1251 Extension for response within first month 120.00	, , ,		200 100						
Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	Multiple dependent claims		360 180						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2    -3 =									
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late Fitting surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 32,881 Telephone (703) 205-8000	listings under 37 CFR 1.52(e)), the application size fee d	ue is \$250 (\$125 for small							
- 100 =	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).							
4. OTHER FEE(s) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late Friting surcharge): 1251 Extension for response within first month 120.00  SUBMITTED BY Signature  Registration No. (Attorney/Agent) 32,881 Telephone (703) 205-8000									
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Signature Registration No. (Attorney/Agent) 32,881 Telephone (703) 205-8000									
(Attorney/Agent) 32,861 Telephone (703) 203-8000	SUBMITTED BY								
Name (Print/Type) John W. Bailey Date June 23, 2005	Signature Fru S		Telephone (703) 205-8000						
	Name (Print/Type) (Johp W. Bailey		Date June 23, 2005						

SUBMITTED BY			7	$\overline{}$						
Signature			cu	5	~		Registration No. (Attorney/Agent)	32,881	Telephone	(703) 205-8000
Name (Print/Type)	ohp/W.	Baile	у			,			Date	June 23, 2005